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CONFIRMATION NO. 6429

<b>SERIAL NUMBER</b> 10/763,197	<b>FILING OR 371(c) DATE</b> 01/26/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> MR2767-3	
<b>APPLICANTS</b> Alex Shakhov, Frederic, MD; Alex Kogon, Hagerstown, MD;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/442,506 01/27/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>None</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/27/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>MS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 4586					
<b>TITLE</b> Collection and storage of biological specimens containing stem cells from healthy individuals for future use in treatment of their own cytopathological illnesses or other medical conditions					
<b>FILING FEE RECEIVED</b> 493	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		